FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P95000043451 (0)

DILLETTE MODICAGE ASSOCIATES INC

INDUSTR	TWOKIG	IGE ASSOCIAT	LO, INO						
Principal Place of	Business		Mailing Address				1 18811861 (18 1816) Bliss Advis mairs dain anns agus cein aisea anns aisea		
3450 WEST BUSCH BLVD. SUITE 250 TAMPA FL 33618			SUITE 250	3450 WEST BUSCH BLVD. SUITE 250 TAMPA FL 33618					
			TAMPA FL 33618				3. Date incorporated or Qualified Sa. Date of Last Report 06/05/1995		
2. Principal Place	e of Business		2a. Mailing Address	LICOD DA	DIZ	DDTVE	4. FEI Number Applied For 59-3317434 Not Applied by Not Applied Applied For Not Applied Por		
		PARK DRIVE	26 3450 BUSCH	WUUU PE	IKK	DKIAE	\$8.75 Additional		
Suite, Apt. #, SUITE #	etc. 250		Suite, Apt #, etc. 27 SUITE #250				5. Certificate of Status Desired		
Orty & State			City & State				6. Election Campaign Financing \$5.00 May Be		
TAMPA, FLORIDA			28 TAMPA, FLORIDA			Trust Fund Contribution			
Zip		Country	Zip 29 33618	30 US	intry SA		Florida Statutes		
24 33618	O Name and	USA Address of Curre	nt Registered Agent	30 03	<u> </u>		10. Name and Address of New Registered Agent		
	J. Hallie dit.	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			81 1	Name			
F&L CORF	P.				62	Street Ad	Address (P.O. Box Number is Not Acceptable)		
200 LAUR					Ш.				
JACKSONVILLE FL 32202					83				
					84	City	FL 85 Zip Code		
or registered familiar with	ed agent, or bot n, and accept th		ction 607.0505, Florida Statu	ites.			orporation submits this statement for the purpose of changing its registered office board of directors. I hereby accept the appointment as registered agent. I am		
12.	and the contribution of		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 12		
TiTLE	D		☐ DELETE		T:TLF		DIRECTOR & TRESTBERT		
NAME	NICHOLAS	, GEORGE	NUTT OFO		NAME Stheet a	DDBt cc	NICHOLAS, GEORGE 3450 BUSCHWOOD PARK DRIVE, SUITE #250		
STREET ADDRESS		T BUSCH BLVD.	SUITE 250		STREET A CITY-SI:	. ZIP	TAMPA, FLORIDA 33618		
CITY · ST - ZIP	TAMPA FL	33618	DELETE		TIFLE		DIRECTOR & SECRETARY		
TITLE NAME	D MIDDLETO	N. TOM	 -	2.2	NAME		MIDDLETON, THOMAS G.		
STREET ADDRESS	3450 WES	T BUSCH BLVD.	SUITE 250	2 3	STREET A		3450 BUSCHWOOD PARK DRIVE, SUITE #250		
CITY-ST-ZIP	TAMPA FL				C:1Y-S1	ZIP	TAMPA, FLORIDA 33618		
TITLE			DELETE		NAME				
NAME					NAME STREET	ADDRESS			
STREET ADDRESS					- SINSTI I CITY - ST	ì			
CITY-ST-ZIP TITLE			DELETE		1 TiTuE		Change Addition		
NAME				4.7	NAME				
STREET ADDRESS				4.3	SIREET	ADDRESS			
CITY-ST-ZIP					CITY - S	! - ZIP	900001796495 -04/26/9601077007		
THILE			☐ DELETE		1 TilLE	ļ	-04/26/9601077007		
NAME					2 NAME	ADDOLOS	***208.75		
STREET ADDRESS	1				3 STREET 4 CITY - S	ADDRESS I-71P			
CITY-ST-ZIF			DELETE		1 TITLE	1 - 231	☐ Change ☐ Add-tio		
TITLE					2 NAME	İ	$\mathcal{N}_{i,i}$		
NAME OTREET ADDRESS				6	3 STHEFT	ADDRESS	$_{\rm s_{+}}$		
STREET ADDRESS				6	4 CITY - S	1 - 216	One of Original Florida Statutes I further		
certify tha	at the informatic	on indicated on this a	ed with this filing is voluntaril innual report or supplementa inpuration or the receiver or t or on an attachment with an	rustee empo	nd doe: ort is tru wered '	s not qua le and ad to execui	uculify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further accurrate and that my signature shall have the same legal effect as if made under this report as required by Chapter 607, Florida Statutes; and that my name APRTI 23. 1996 (813)932-2211		

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR THOMAS G. MIDDLETON, DIRECTOR & SECRETARY APRIL 23, 1996 (813)932-2211